

PTO/SB/01 (03-01)

Approved for use through 10/31/2002, OMB 0651-0032

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 555255012471

First Named Inventor Herbert A. Little

## COMPLETE IF KNOWN

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM AND METHOD OF SECURE AUTHENTICATION INFORMATION DISTRIBUTION**

I hereby certify that this correspondence is being deposited today with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on May 5, 2004

By: *Herbert A. Little*

as United States Application Number or PCT International

the specification of which

☐ Is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

Application Number and was amended on (MM/DD/YYYY) (If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>David B. Cochran, Esq.</b>					
Address <b>JONES DAY</b>					
North Point, 901 Lakeside Avenue					
City <b>Cleveland</b>		State <b>Ohio</b>		ZIP <b>44114-1190</b>	
Country <b>USA</b>		Telephone <b>(216) 586-3939</b>		Fax <b>(216) 579-0212</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <b>Herbert A.</b> (first and middle [if any])			Family Name <b>Little</b> or Surname		
Inventor's Signature <i>Herb A Little</i>				Date <i>Dec 9 2003</i>	
Residence: City <b>Waterloo</b>		State <b>Ontario</b>		Country <b>CANADA</b>	
Mailing Address <b>295 Phillip Street</b>				Canadian Citizenship	
City <b>Waterloo</b>		State <b>Ontario</b>		ZIP <b>N2L 3W8</b>	
				Country <b>CANADA</b>	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <b>Michael G.</b> (first and middle [if any])			Family Name <b>Kirkup</b> or Surname		
Inventor's Signature				Date	
Residence: City <b>Waterloo</b>		State <b>Ontario</b>		Country <b>CANADA</b>	
Mailing Address <b>295 Phillip Street</b>				Canadian Citizenship	
City <b>Waterloo</b>		State <b>Ontario</b>		ZIP <b>N2L 3W8</b>	
				Country <b>CANADA</b>	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

PTO/SB/01 (03-01)

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address below**David B. Cochran, Esq.**

Name

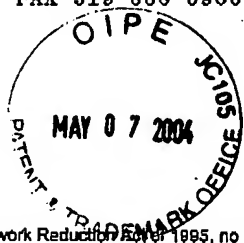
**JONES DAY**Address **North Point, 901 Lakeside Avenue**City **Cleveland**State **Ohio**ZIP **44114-1190**Country **USA**Telephone **(216) 586-3939**Fax **(216) 579-0212**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name **Herbert A.**  
(first and middle [if any])Family Name **Little**  
or SurnameInventor's  
Signature

Date

Residence: City **Waterloo**State **Ontario**Country **CANADA**Canadian  
CitizenshipMailing Address **295 Phillip Street**City **Waterloo**State **Ontario**ZIP **N2L 3W8**Country **CANADA**NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name **Michael G.**  
(first and middle [if any])Family Name **Kirkup**  
or SurnameInventor's  
SignatureDate **Dec 9, 2003**Residence: City **Waterloo**State **Ontario**Country **CANADA**Canadian  
CitizenshipMailing Address **295 Phillip Street**City **Waterloo**State **Ontario**ZIP **N2L 3W8**Country **CANADA**☒ Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



PTO/SB/02A (10-00)

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page \_\_\_ of \_\_\_

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> Ian M.		<b>Family Name or Surname</b> Robertson	
<b>Inventor's Signature</b> 		<b>Date</b> Dec 11/2003	
<b>Residence: City</b> Waterloo	<b>Ontario State</b>	<b>Canada Country</b>	<b>Canadian Citizenship</b>
<b>Mailing Address</b> 295 Phillip Street			
<b>Mailing Address</b>			
<b>City</b> Waterloo	<b>Ontario State</b>	<b>ZIP</b> N2L 3W8	<b>CANADA Country</b>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b>		<b>Family Name or Surname</b>	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b>		<b>Family Name or Surname</b>	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>

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